

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-4542		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO. 14-4542					
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED									
IN COUNTY OF WARREN		IN CITY		LEBANON		DATE OF CRASH: 03/14/14		DAY FRI		TIME: MILITARY 1711							
CRASH OCCURRED ON 1879 Deerfield Rd.				WITHIN THE INTERSECTION OF													
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE 8303									
LOG-1		LOG-2		LOC JUR FH9 FILT													
A UNIT NO. 1		NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input checked="" type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Motorists Mutual											
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)													
PHONE NO.		BIRTH DATE		AGE SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.			OCCUPATION				
OWNER (IF SAME AS DRIVER, WRITE SAME) Wiles, Michael				ADDRESS 3799 Fisher Rd. Clarksville, OH				PHONE 937-725-0931									
VEH YR 2010		MAKE Ford		MODEL ZH		COLOR Blue		STYLE ZH		STATE OH		LICENSE PLATE NO. FHT7733		TOWING SERVICE		VEH/PED DIR FROM TO S N	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8 UNIT NO. 2		NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Nationwide											
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)													
PHONE NO.		BIRTHDATE		AGE SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME) Rodgers, Rodney				ADDRESS 1354 Gibson Rd. Loveland, OH				PHONE 513-575-3048									
VEH YR 2010		MAKE Ford		MODEL SW		COLOR Black		STYLE SW		STATE OH		LICENSE PLATE NO. FZT6745		TOWING SERVICE		VEH/PED DIR FROM TO S N	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
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